

WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING

❖ **Contract infant formulas** will be given unless a health care provider diagnoses a medical condition that warrants a special formula.

❖ **A Medical Documentation form** must be completed for prescribing formula/medical food with a qualifying medical condition(s). **ICD-9 code is required, as well as, the underlying condition.** Maximum approval length is six months.

❖ **Ready-to-feed (RTF)** products may be issued in cases where there is an unsanitary/restricted water supply, poor refrigeration, when the patient's caregiver has difficulty diluting concentrated or powdered formula, or when ready-to-feed is the only available product form.

Contract Infant Formulas (Rebate) - No Prescription Required

- Similac Advance

- Enfamil ProSobee

Special Formulas for INFANTS

- Calcilo XD
- EleCare Infant
- Enfacare
- Enfagrow Toddler Transitions Soy
- Enfamil Premature 20 Cal with Iron
- Enfamil Premature 24 Cal with Iron
- Enfamil Premature High Protein 24 Cal
- Enfamil Premature 30 Cal

- EnfaPort DHA/ARA
- Human Milk Fortifier
- Neocate Infant DHA/ARA
- Nutramigen w/Enflora LGG
- Periflex Infant
- Pregestimil DHA & ARA
- PurAmino
- RCF

- Similac Expert Care Alimentum
- Similac Expert Care NeoSure
- Similac for Spit-Up (19 Cal)
- Similac PM 60/40
- Similac Sensitive (19 Cal)
- Similac Special Care 24
- Similac Special Care 30
- Similac Total Comfort (19 Cal)

Special Formulas/Medical Foods for CHILDREN and WOMEN

- Boost Breeze
- Boost Kid Essentials
- Boost Kid Essentials 1.5
- Boost Kid Essentials w/Fiber 1.5
- Boost Original
- Bright Beginnings Soy Pediatric Drink
- Compleat Pediatric
- Compleat Pediatric Reduced Calorie
- E028 Splash
- EleCare Junior
- Enfagrow Toddler Transitions Soy
- Ensure
- KetoCal 3:1
- KetoCal 4:1

- MCT Oil
- Microlipids
- Neocate Junior
- Nutren Junior
- Nutren Junior Fiber
- PediaSure
- PediaSure with Fiber
- PediaSure 1.5
- PediaSure 1.5 with Fiber
- PediaSure Enteral Formula 1.0 Cal
- PediaSure Enteral Formula 1.0 Cal with Fiber
- PediaSure Peptide 1.0 Cal
- PediaSure Peptide 1.5 Cal

- Peptamen
- Peptamen 1.5
- Peptamen Junior
- Peptamen Junior 1.5
- Peptamen Junior with Fiber
- Peptamen Junior with Prebio
- Peptamen with Prebio
- Periflex Junior
- PhenylAde 40
- Portagen
- Scandishake
- Suplena
- Vivonex Pediatric
- Xlys, XTrp Maxamaid

Wyoming WIC Program Medical Documentation Prescription subject to WIC approval based on program policy and procedure. This is the only Medical Documentation form accepted by the Wyoming WIC Program.			WIC Agency: WIC Fax Number: WIC ID:		
Patient's Name:			Birth Date (MM/DD/YY):		
Parent/Guardian's Name:					
QUALIFYING MEDICAL CONDITION(S) ICD-9 code is required, as well as, the underlying condition.					
Personal Preference, Formula Intolerance, Fussiness, Gas, Constipation, Spitting Up, or Colic are <u>not</u> acceptable diagnoses. Regardless of diagnosis, non-contract standard formula will not be issued.					
√	ICD-9	Description	√	ICD-9	Description
	250.1	Diabetes Mellitus		558.3	Allergic Gastroenteritis & Colitis (Milk Protein)
	270.1	Phenylketonuria (PKU)		579.8	Other Specified Intestinal Malabsorption
	271.1	Galactosemia		579.9	Malabsorption Syndromes
	271.3	Disaccharidase Deficiency (Lactose Intolerance)		746.9	Congenital Anomaly, Heart
	277.0	Cystic Fibrosis		748.9	Congenital Anomaly, Respiratory
	279.3	Immunodeficiency		749	Cleft Lip/Palate
	279.4	Autoimmune Disorder		751.9	Congenital Anomaly, Digestive System
	281.9	Anemia		765.1	Premature Birth and/or Low Birth Weight
	343.9	Cerebral Palsy		779.31	Feeding Problems in Newborns
	358.9	Neuromuscular Disorder		783.40	Developmental Sensory/Motor Delay
	459	Circulatory System Disorders		783.41	Failure to Thrive/Inadequate Growth
	530.81	Esophageal Reflux (GERD)		V15.05	Personal History of Allergy to Other Foods
	Other	ICD-9 (required): _____ Medical Diagnosis: _____			
SPECIAL FORMULA/MEDICAL FOOD					
Formula Requested:			Flavor if Applicable:		With Fiber: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Physical Form: <input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> RTF: _____ (The use of RTF products requires additional justification unless RTF is the only available form)					
Daily Amount Requested: _____ Maximum Allowed (per Federal Regulation) _____ Ounces/Day _____ Cans/Day			Requested Approval Length (six months will be issued if nothing is marked): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months </div> <div> <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months </div> </div>		
DIET RESTRICTIONS					
<input type="checkbox"/> No WIC foods; provide formula only.					
Check foods to be omitted (all benefits will be provided if nothing is marked):					
WIC food for infants (6 to 12 months): <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits & Vegetables		WIC food for children (1 to 5 years of age) and women: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Legumes <input type="checkbox"/> Breakfast Cereals <input type="checkbox"/> Eggs <input type="checkbox"/> Fruits and Vegetables <input type="checkbox"/> Whole Grains <input type="checkbox"/> Juice <input type="checkbox"/> Canned Fish (For Women Only)			
FOOD SUBSTITUTIONS (Allowed only with appropriate medical condition. Issuance for personal preference is NOT allowed.)					
<input type="checkbox"/> Whole Milk: Issue whole milk for a child over 2 or a woman. Only participants receiving special formula/medical food with a qualifying medical condition can be issued whole milk.					
HEALTH CARE PROVIDER INFORMATION					
Provider's Signature:				Date:	
Provider's Name:		Medical Office Name and Address:			
Phone:					
Fax:					